Docket No. 9222.16565-CIP

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

, , , , , , , , , , , , , , , , , , , ,			
I believe I am the original, fir first and joint inventor (if plu which a patent is sought on t	ral names are liste	or (if only one name is listed belowed below) of the subject matter whed	r) or an original, ich is claimed and for
Systems and Methods for Treating	ng Dysfunctions in th	e Intestines and Rectum	
the specification of which			-
(check one)		ı	·
is attached hereto.			
☑ was filed on 21 April, 20	00	as United States Application No.	or PCT International
Application Number 09/5	556,169		
and was amended on			
_		(if applicable)	
including the claims, as ame	nded by any amei		
I acknowledge the duty to d known to me to be material Section 1.56.	isclose to the Uni al to patentability	ted States Patent and Trademark as defined in Title 37, Code of	Federal Regulations,
Section 365(b) of any foreign any PCT International applications and have also in the section of the section of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of any foreign and part of the section 365(b) of the section 365(gn application(s) faction which designed dentified below, by	r Title 35, United States Code, for patent or inventor's certificate nated at least one country other the checking the box, any foreign artication having a filing date before	or Section 365(a) of nan the United States, oplication for patent or
Prior Foreign Application(s)			Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	u

I hereby claim the benefit under application(s) listed below:	35 U.S.C. Section 119(e) o	of any United States provisional
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	χ.
(Application Serial No.)	(Filing Date)	
I hereby claim the benefit under 35 Section 365(c) of any PCT Internation insofar as the subject matter of each United States or PCT International U.S.C. Section 112, I acknowledge Office all information known to me Section 1.56 which became available or PCT International filing date of this	onal application designating the chor the claims of this application in the manner protection the duty to disclose to the Unto be material to patentability between the filing date of the	e United States, listed below and, cation is not disclosed in the prior vided by the first paragraph of 35 ited States Patent and Trademark as defined in Title 37, C. F. R.,
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Daniel D. Ryan, Reg. No. 29,243 J seph A. Kromholz, Reg. No. 34,204 John M. Manion, Reg. No. 38,957 Allan O. Maki, Reg. No. 20,623 Arnold J. Ericsen, Reg. No. 16,879 Patricia Jones, Reg. No. 46,318 Laura A. Dable, Reg. No. P-46,436 Daniel R. Johnson, Reg. No. 46,204

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Milwaukee, WI 53226

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Daniel D. Ryan (262) 797-6700

Full name of sole or first inventor David Utley	
Sole or first inventor's signature David UTIEY	Date 7-21-00
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Citizenship US	
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San Carlos, CA 94070	

Full name of second inventor, if any Scott West	
Second inventor's signature	Date 7 2 / 00
Residence Livermore, California	
Citizenship US	•
Post Office Address 1627 Feldspar Court	

Full name of third inventor, if any John Gaiser	
Third inventor's signature	7/28/00
Residence Mountain View, California	
Citizenship US	
Post Office Address 910 Bush Street	
Mountain View, California 94041	,
Full name of fourth inventor, if any Rachel Croft	67/21/00
Fourth-inventor's signature Residence	Date
San Francisco, California [↓]	
Citizenship US	
Post Office Address 2859 Divisadero Street	
San Francisco, California 94123 Full name of fifth inventor, if any	
Full name of fifth inventor, if any Fifth inventor's signature	Date
Full name of fifth inventor, if any Fifth inventor's signature	Date
Full name of fifth inventor, if any Fifth inventor's signature Residence	Date
Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship	Date
Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship	Date
Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship Post Office Address	Date
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Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship Post Office Address Full name of sixth inventor, if any Sixth inventor's signature	
Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship Post Office Address Full name of sixth inventor, if any Sixth inventor's signature Residence	
Full name of fifth inventor, if any Fifth inventor's signature Residence Citizenship Post Office Address	

Page 1 of 2

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN Serial No. 09/556,169 Serial No. 15sue Date Applicant/ Patentie: David Utley, Scott West, John Gaiser, Rachel Croft Invention: Systems and Methods for Treating Dysfunctions in the Intestines and Rectum I hereby declare that I am: the owner of the small business concern identified below: an official of the small business concern empowered to act on behalf of the concern identified below: ADDRESS OF CONCERN: Curon Medical, Inc. ADDRESS OF CONCERN: 735 Falomar Avenue Sunnyvale, California 94086 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 31 GFR 121.3-18, and reproduced in 37 GFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pays person, because of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in: the specification filed herewith with title as listed above. the application identified above. the application identified above. the patent identified above. the patent identified above. the patent identified above.		, , , , , , , , , , , , , , , , , , ,		1 age 1 01 2
Applicant/ Patentee: David Utley, Scott West, John Gaiser, Rachel Croft Invention: Systems and Methods for Treating Dysfunctions in the Intestines and Rectum I hereby declare that I am: the owner of the small business concern identified below: an official of the small business concern empowered to act on behalf of the concern identified below: NAME OF CONCERN: Curon Medical, Inc. ADDRESS OF CONCERN: 735 Palomar Avenue Sunnyvale, California 94086 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in: the specification filed herewith with title as listed above. the application identified above. the patent identified above.		•		
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Each person, obligation unde		, concern or o				
□ each	such pers	on, concern or	organization	is listed below.		
FULL NAME						
ADDRESS				· · · · · · · · · · · · · · · · · · ·		
		Individual		Small Business Concern		Nonprofit Organization
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